

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2004 8:00 am**  
**Secretary of State**

08-16-2004 90012 034 \*\*\*158.75

<b>DOCUMENT # P03000112415</b> 1. Entity Name <b>A1 FREIGHT SERVICES OF MIAMI, INC.</b>					
Principal Place of Business <b>7810 NW 52ND STREET</b> <b>MIAMI, FL 33166</b>			Mailing Address <b>7810 NW 52ND STREET</b> <b>MIAMI, FL 33166</b>		
2. Principal Place of Business <b>4759 NW 72nd AVE</b> Suite, Apt. #, etc.			3. Mailing Address <b>4759 NW 72nd AVE</b> Suite, Apt. #, etc.		
City & State <b>Miami, FL</b>			City & State <b>Miami, FL</b>		
Zip <b>33166</b>		Country <b>USA</b>		4. FEI Number <b>02-0708657</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GARCIA, ORLANDO</b> <b>7810 NW 52ND STREET</b> <b>MIAMI, FL 33166</b>			7. Name and Address of New Registered Agent Name <b>Ruby Morgado</b> Street <b>2400 SW 127th Ct</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33175</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <span style="float: right;">8/10/04</span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GARCIA, ORLANDO</b> <b>7810 NW 52ND STREET</b> <b>MIAMI, FL 33166</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>Ruby Morgado</b> <b>2400 SW 127th Ct</b> <b>Miami, FL 33175</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>NICOLAS CISNEROS</b> <b>20452 NW 46 AVE</b> <b>Carol City, FL 33055</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			Date <b>8/10/04</b> Daytime Phone # <b>786-331-8000</b>		